

Interview Summary	Application No.	Applicant(s)	
	08/087,132	GREGORY ET AL.	
	Examiner	Art Unit	
	Karen Cochrane Carlson, Ph.D.	1653	

All participants (applicant, applicant's representative, PTO personnel):

(1) Karen Cochrane Carlson, Ph.D. (3) _____
 (2) Bruce Collins. (4) _____.

Date of Interview: 04 March 2004.

Type: a) Telephonic b) Video Conference
 c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.
 If Yes, brief description: _____.

Claim(s) discussed: n/a.

Identification of prior art discussed: n/a.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: KCC called Genzyme legal offices on 3/3/04 to affirm abn of this application. BC returned the call and said that he had not received the action dated 7/30/03, and that the address to which the actions was sent was incorrect because he had sent in a Power of Atty and change of address form while the application was in Interference. BC will re-submit these documents and request that the action be mailed to him, and that the time for response to restarted.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Karen Cochrane Carlson, Ph.D.

KAREN COCHRANE CARLSON, PH.D.
 PRIMARY EXAMINER

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

 Examiner's signature, if required